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CONFIRMATION NO. 2507

<b>SERIAL NUMBER</b> 10/027,843	<b>FILING OR 371(c) DATE</b> 10/19/2001 <b>RULE</b>	<b>CLASS</b> 600	<b>GROUP ART UNIT</b> 3737	<b>ATTORNEY DOCKET NO.</b> US 018172
<b>APPLICANTS</b> Mark DeSilets, San Jose, CA; Jacco Eerden, Eindhoven, NETHERLANDS; Horace H. Hines, San Jose, CA;				
<b>** CONTINUING DATA *****</b> <i>No</i>				
<b>** FOREIGN APPLICATIONS *****</b> <i>No</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 02/13/2002</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met <i>Allowance</i> <i>8/28/06</i> Verified and Acknowledged <i>Ar. Langer</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 29
				<b>INDEPENDENT CLAIMS</b> 6
<b>ADDRESS</b> 38107				
<b>TITLE</b> Multimodality medical imaging system and method with intervening patient access area				
<b>FILING FEE RECEIVED</b> 1722	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	